

EXHIBIT 7(1)

CERTIFICATION FOR PROVISION OF SUPPORTIVE SERVICES

The undersigned certifies that this Agency has reviewed the Sponsor's supportive services plan and finds that:

1. the provision of supportive services is:

☐

Well Designed

☐

Not Well Designed

to serve the individual needs of persons with disabilities for which the housing is being developed.

2. the proposed housing is:

☐

Consistent

☐

Inconsistent

with State or local plans and policies governing the development and operation of housing for persons with disabilities.

3. the necessary supportive services will be available on a consistent, long-term basis.

☐

Yes

☐

No

Sponsor

Project Location

Executed this _____ date of _____, 20____

By: _____
(Print Name of Authorized Official)

(Signature)

(Title)

(Agency Name)

EXHIBIT 7(m)

Certification of Compliance with the Requirements of
Lead-Based
Paint Poisoning Prevention Act (Section 811 Only)

The Sponsor certifies that it will comply with the
requirements of the Lead-Based Paint Poisoning Prevention Act (42
U.S.C. 4821-4846) and implementing regulations at 24 CFR Part 35
(except as superseded in Section 891.325).

Signature of Authorized
Certifying Official

Title

Applicant Organization

Date